| Fill                            | in this info  | ormation to identify y  | our case:                                |  |   | I                                     |                 |                               |  |  |  |
|---------------------------------|---|---|--|--|---|---------------------------------------|-----------------|-------------------------------|--|--|--|
| Debtor 1 Timothy Walters        |   |   |  |  |   | Check if this is:                     |                 |                               |  |  |  |
|                                 |   |   |  |  |   | ■ An amended filing                   |                 |                               |  |  |  |
|                                 | tor 2   | Andrea Wal  | ters                                     |  |   |                                       |                 | wing postpetition chapter     |  |  |  |
| (Spo                            | ouse, if filin  | g)  |  |  |   | 13 expenses as of the following date: |                 |                               |  |  |  |
| Unit                            | ed States I   | Bankruptcy Court for the  | e: EASTE                                 | -  | MM / DD / YYYY                                      |                                       |                 |                               |  |  |  |
| Case number (If known) 24-10110 |   |   |  |  |   |                                       |                 |                               |  |  |  |
| Of                              | fficial   | Form 106J   |  |  |   | 1                                     |                 |                               |  |  |  |
| So                              | chedu   | ıle J: Your   | Exper                                    | nses   |   |                                       |                 | 12/1                          |  |  |  |
| Be info                         | as complormation.   | lete and accurate a   | s possible<br>eeded, atta<br>ery questio | . If two married people a<br>ich another sheet to this |   |                                       |                 |                               |  |  |  |
| 1.                              |   | a joint case?   |  |  |   |                                       |                 |                               |  |  |  |
|                                 | □ No. 0   | Go to line 2.   |  |  |   |                                       |                 |                               |  |  |  |
|                                 | Yes.  | Does Debtor 2 live  | in a separ                               | ate household?   |   |                                       |                 |                               |  |  |  |
|                                 | <ul><li>■ No</li><li>□ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.</li></ul>   |   |  |  |   |                                       |                 |                               |  |  |  |
| 2.                              | Do you  | have dependents?  | □ No                                     |  |   |                                       |                 |                               |  |  |  |
|                                 | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   |   |  |  | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                                       | Dependent's age | Does dependent live with you? |  |  |  |
|                                 | Do not s  | state the   |  |  |   |                                       |                 | □ No                          |  |  |  |
|                                 | depende   | ents names.   |  |  | Daughter  |                                       | 10              | Yes                           |  |  |  |
|                                 |   |   |  |  | Daughter  |                                       | 11              | □ No                          |  |  |  |
|                                 |   |   |  |  | Daugnter  |                                       |                 | ■ Yes<br>□ No                 |  |  |  |
|                                 |   |   |  |  |   |                                       |                 | ☐ Yes                         |  |  |  |
|                                 |   |   |  |  |   |                                       |                 | □ No                          |  |  |  |
|                                 | _   |   |  |  |   |                                       |                 | ☐ Yes                         |  |  |  |
| 3.                              | expens  | r expenses include<br>es of people other<br>If and your depende | than _                                   | No<br>Yes  |   |                                       |                 |                               |  |  |  |
| Par                             | t 2: E  | stimate Your Ongo   | ina Month                                | ly Expenses  |   |                                       |                 |                               |  |  |  |
| Est<br>exp                      | imate yo  | ur expenses as of y<br>s of a date after the                    | our bankr                                | uptcy filing date unless yets filed. If this is a sup  |   |                                       |                 |                               |  |  |  |
| the                             |   | such assistance ar  |  | government assistance cluded it on Schedule I:         |   |                                       | Your exp        | enses                         |  |  |  |
|                                 |   |   |  |  |   |                                       |                 |                               |  |  |  |
| 4.                              | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. |   |  |  |   |                                       |                 | 3,767.00                      |  |  |  |
|                                 | If not in   | cluded in line 4:   |  |  |   |                                       |                 |                               |  |  |  |
|                                 | 4a. R   | eal estate taxes  |  |  |   | 4a. \$                                |                 | 0.00                          |  |  |  |
|                                 |   | roperty, homeowner  | 's, or rente                             | 's insurance   |   | 4b. \$                                |                 | 0.00                          |  |  |  |
|                                 | 4c H  | ome maintenance r   | enair and                                | inkaan avnansas  |   | 4c \$                                 |                 | 100.00                        |  |  |  |

5. \$

Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

|            | Fimothy Walters<br>Andrea Walters   | Case num        | ber (if known) | 24-10110                   |  |  |  |  |  |  |
|------------|---|-----------------|----------------|----------------------------|--|--|--|--|--|--|
| . Utilitie | •   |                 |                |                            |  |  |  |  |  |  |
|            | Electricity, heat, natural gas  | 6a.             | \$             | 275.00                     |  |  |  |  |  |  |
|            | Vater, sewer, garbage collection  | 6b.             |                | 250.00                     |  |  |  |  |  |  |
|            | elephone, cell phone, Internet, satellite, and cable services   | 6c.             | \$             | 249.00                     |  |  |  |  |  |  |
|            | Other. Specify:   | 6d.             |                | 0.00                       |  |  |  |  |  |  |
|            | nd housekeeping supplies  | 7.              | ·              | 750.00                     |  |  |  |  |  |  |
|            | are and children's education costs  | 8.              | \$             | 500.00                     |  |  |  |  |  |  |
|            | ng, laundry, and dry cleaning   | 9.              | \$             | 350.00                     |  |  |  |  |  |  |
|            | al care products and services   | 10.             | \$             | 100.00                     |  |  |  |  |  |  |
|            | and dental expenses   | 11.             | \$             | 50.00                      |  |  |  |  |  |  |
|            | portation. Include gas, maintenance, bus or train fare.   |                 | <u> </u>       |                            |  |  |  |  |  |  |
|            | include car payments.   | 12.             | \$             | 200.00                     |  |  |  |  |  |  |
| Enterta    | ninment, clubs, recreation, newspapers, magazines, and books  | 13.             | \$             | 50.00                      |  |  |  |  |  |  |
| Charita    | able contributions and religious donations  | 14.             | \$             | 50.00                      |  |  |  |  |  |  |
| Insura     | nce.  |                 |                |                            |  |  |  |  |  |  |
|            | include insurance deducted from your pay or included in lines 4 or 20.  |                 | •              |                            |  |  |  |  |  |  |
|            | ife insurance   | 15a.            | ·              | 124.00                     |  |  |  |  |  |  |
|            | Health insurance  | 15b.            |                | 0.00                       |  |  |  |  |  |  |
|            | /ehicle insurance   | 15c.            | ·              | 287.00                     |  |  |  |  |  |  |
|            | Other insurance. Specify:   | 15d.            | \$             | 0.00                       |  |  |  |  |  |  |
| Specify    |   | 16.             | \$             | 0.00                       |  |  |  |  |  |  |
|            | ment or lease payments:   |                 | •              |                            |  |  |  |  |  |  |
|            | Car payments for Vehicle 1  | 17a.            | ·              | 597.00                     |  |  |  |  |  |  |
|            | Car payments for Vehicle 2  | 17b.            |                | 372.00                     |  |  |  |  |  |  |
|            | Other. Specify: gym   | 17c.            |                | 30.00                      |  |  |  |  |  |  |
|            | Other. Specify:   | 17d.            | \$             | 0.00                       |  |  |  |  |  |  |
| . Your p   | ayments of alimony, maintenance, and support that you did not repor   | t as<br>61) 18. | \$             | 0.00                       |  |  |  |  |  |  |
|            | ed from your pay on line 5, Schedule I, Your Income (Official Form 10   | 6I). 10.        | \$             |                            |  |  |  |  |  |  |
| Specify    | payments you make to support others who do not live with you.   | 19.             | Φ              | 0.00                       |  |  |  |  |  |  |
|            | eal property expenses not included in lines 4 or 5 of this form or on S   |                 | our Income     |                            |  |  |  |  |  |  |
|            | Nortgages on other property   | 20a.            |                | 0.00                       |  |  |  |  |  |  |
|            | Real estate taxes   | 20b.            |                | 0.00                       |  |  |  |  |  |  |
|            | Property, homeowner's, or renter's insurance  | 20c.            |                | 0.00                       |  |  |  |  |  |  |
|            | Maintenance, repair, and upkeep expenses  | 20d.            |                | 0.00                       |  |  |  |  |  |  |
|            | Homeowner's association or condominium dues   | 20e.            |                | 0.00                       |  |  |  |  |  |  |
| Other:     |   |                 | +\$            | 0.00                       |  |  |  |  |  |  |
| . Other.   | Specify.  |                 | -Ψ             | 0.00                       |  |  |  |  |  |  |
|            | ate your monthly expenses   |                 |                |                            |  |  |  |  |  |  |
|            | dd lines 4 through 21.  |                 | \$             | 8,251.00                   |  |  |  |  |  |  |
| 22b. Co    | ppy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J  | J-2             | \$             |                            |  |  |  |  |  |  |
| 22c. Ac    | ld line 22a and 22b. The result is your monthly expenses.   |                 | \$             | 8,251.00                   |  |  |  |  |  |  |
| . Calcul   | Calculate your monthly net income.  |                 |                |                            |  |  |  |  |  |  |
|            | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.            | \$             | 13,495.50                  |  |  |  |  |  |  |
|            | Copy your monthly expenses from line 22c above.   | 23b.            | -\$            | 8,251.00                   |  |  |  |  |  |  |
|            |   |                 |                | 2,22.100                   |  |  |  |  |  |  |
|            | Subtract your monthly expenses from your monthly income.  |                 |                | F 044 F0                   |  |  |  |  |  |  |
| 7          | he result is your monthly net income.   | 23c.            | \$             | 5,244.50                   |  |  |  |  |  |  |
| For exa    | expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect tion to the terms of your mortgage? |                 |                | ease or decrease because c |  |  |  |  |  |  |
|            | Evolain here:   |                 |                |                            |  |  |  |  |  |  |
| ☐ Yes      | Explain here:   |                 |                |                            |  |  |  |  |  |  |